

U.S. ENVIRONMENTAL PROTECTION AGENCY		
GENERAL INFORMATION		
Consolidated Permit Program (Read the "General Instructions" before starting.)		
FORM 1 GENERAL	EPA	
FACILITY ITEMS		
I. EPA I.D. NUMBER		
III. FACILITY NAME		
V. FACILITY MAILING ADDRESS		
PLEASE PLACE LABEL IN THIS SPACE		
VI. FACILITY LOCATION		
II. POLLUTANT CHARACTERISTICS		
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		
SPECIFIC QUESTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FORM ATTACHED		
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) <input checked="" type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the Instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25		
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28		
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the Instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31		
III. NAME OF FACILITY		
1 SKIP EKIUTNA SALMON HATCHERY		
IV. FACILITY CONTACT		
A. NAME & TITLE (last, first, & title) 2 Mears Thomas Executive Director		
B. PHONE (area code & no.) 907 983 5761		
V. FACILITY MAILING ADDRESS		
A. STREET OR P.O. BOX 3 H C O B O X 549		
B. CITY OR TOWN 4 S O L D O T N A		
C. STATE AK		
D. ZIP CODE 99669		
VI. FACILITY LOCATION		
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 M i l e 4 o l d g l e n n H i g h w a y		
B. COUNTY NAME M A T A N U S K A - S U S T N A B O R O U G H		
C. CITY OR TOWN 6 Palmer		
D. STATE AK		
E. ZIP CODE 99645		
F. COUNTY CODE (if known)		
R E C E I V E D MAY 03 1991 <i>Karen W. D.</i> Water, Permits & Compliance Branch Permits Section		

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

	A. FIRST (specify) Chum Salmon fry		B. SECOND (specify) 7
	C. THIRD (specify) coho salmon smolt	D. FOURTH (specify) 7	

VIII. OPERATOR INFORMATION

A. NAME COOK Inlet Aquaculture Association		B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 88	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE P (specify) 99		D. PHONE (area code & no.) C A 907 283 5761 15 98 - 16 16 - 11 11 - 20	
E. STREET OR P.O. BOX CD BOX 849			
F. CITY OR TOWN Seldovia		G. STATE AK	H. ZIP CODE 99669
		I. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52	

IX. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) N AK 003007-4	B. PSD (Air Emissions from Proposed Sources) 9 P	
C. UIC (Underground Injection of Fluids) U		
D. OTHER (specify) (specify) DEE Waste Disposal Permit Appo 1981 & 1984		
E. RCRA (Hazardous Wastes) R		
F. OTHER (specify) (specify)		

X. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XI. NATURE OF BUSINESS (provide a brief description)

Produce chum salmon fry for release into waters of state. Harvest any adult chum salmon which may return to the facility.

Produce coho salmon smolt for release into waters of state. Harvest any adult ~~smolt~~ coho salmon which may return to the facility.

RECEIVED
MAY 03 1991

XII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Thomas E. Mears, Executive Director	B. SIGNATURE Thomas E. Mears	C. DATE SIGNED 24 Apr 91
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XIV. COMMENTS FOR OFFICIAL USE ONLY

E	C	15 16
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See the instructions on the reverse.
Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

Form Approved.
OMB No. 2040-0086.
Approval expires 7-31-88.

FORM
2B EPA
NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES
Consolidated Permits Program

I. GENERAL INFORMATION

A. TYPE OF BUSINESS

CONCENTRATED ANIMAL FEEDING

1. OPERATION (complete items B, C, and Section II)

CONCENTRATED AQUATIC ANIMAL

2. PRODUCTION FACILITY (complete

items B, C, and Section II)

B. LEGAL DESCRIPTION OF FACILITY LOCATION

T16N R2E Sec 17 Second Meridian

C. FACILITY OPERATION STATUS

1. EXISTING FACILITY

2. PROPOSED FACILITY

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE & NUMBER OF ANIMALS IN OPEN CONFINEMENT & HOUSED UNDER ROOF

1. TYPE

2. NO. IN OPEN CONFINEMENT

3. NO. HOUSED UNDER ROOF

Outfall 485
Max daily
Max 30 day
long Term

Max daily .576 ft
Max 30 day .576 M
long Term .576 M

combined
RECEIV MAY 03 1991

B. NO. OF ACRES FOR
CONFINEMENT FEEDING

C. If there is open confinement, has a runoff diversion and control system been constructed?

YES (complete items 1, 2, & 3 below)

NO (go to Section IV)

Water Permits & Compliance Branch

Permits Section

1. What is the design basis for the control system?

a. 10 YEAR,
24 - HOUR STORM
(specify inches)

INCHES

b. 25 YEAR,
24 - HOUR STORM
(specify inches)

INCHES

c. OTHER
(specify inches
& type)

INCHES

TYPE

2. Report the number of acres of contributing drainage.

ACRES

3. Report the design safety factor.

SAFETY FACTOR

III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS

A. For each outfall give the maximum daily flow, maximum 30 day flow, and the long term average flow.

B. Indicate the total number of ponds, raceways, and similar structures in your facility.

2. FLOW (gallons per day)

1. PONDS 2. RACEWAYS 3. OTHER

OUTFALL NO.	a. MAXIMUM DAILY	b. MAXIMUM 30 DAY	c. LONG TERM AVERAGE
# 1	4000 gpm 5.76 M	4000 gpm 5.76 M	1.06 M
2	4,32 M	4,32 M	.11 M
3	.41 M	.41 M	.10 M

1. PONDS

2. RACEWAYS

3. OTHER

C. Provide the name of the receiving water and the source of water used by your facility.

1 RECEIVING WATER

2 WATER SOURCE

Eklutna Powerplant Tailwater Groundwater

D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.

1. COLD WATER SPECIES

2. WARM WATER SPECIES

a. SPECIES	b. HARVESTABLE WEIGHT (pounds)		a. SPECIES	b. HARVESTABLE WEIGHT (pounds)	
	(1) TOTAL YEARLY	(2) MAXIMUM		(1) TOTAL YEARLY	(2) MAXIMUM
Chum Salmon	23,745	93,745	none of which is harvestable and only half of which is the result of a fish feeding program		
Coho Salmon	2,200	2,200	none of which is harvestable		

E. Report the total pounds of food fed during the calendar month of maximum feeding.

1. MONTH

April

2. POUNDS OF FOOD

≈ 12,000

IV. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (print or type)

B. PHONE NO. (area code & no.)

(907) 383-5761

C. SIGNATURE

D. DATE SIGNED

April 24, 1991

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MAY 03 1991
& Compliance Brn

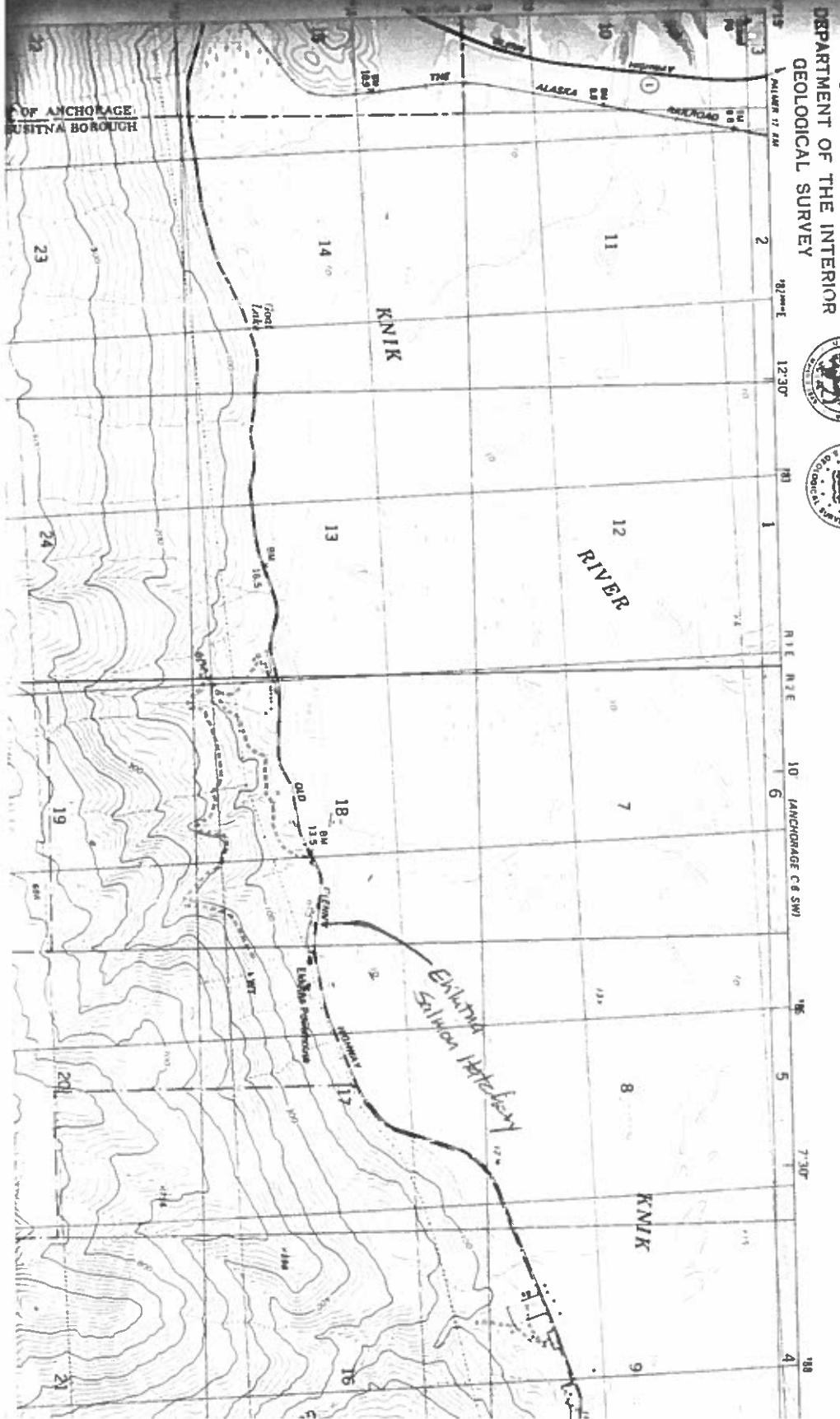
Water Permits & Conf permits Section

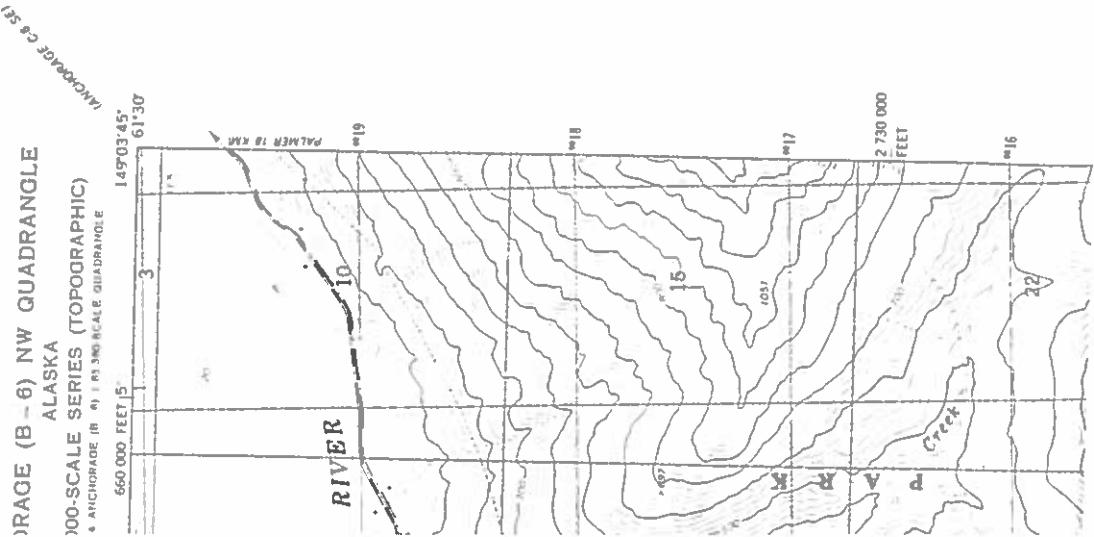
MAY 03 1951
Compliance Branch



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

ANGI





DECERV

MAY 03 1991

Water Permits & Compliance Branch
Permits Section

Outfalls

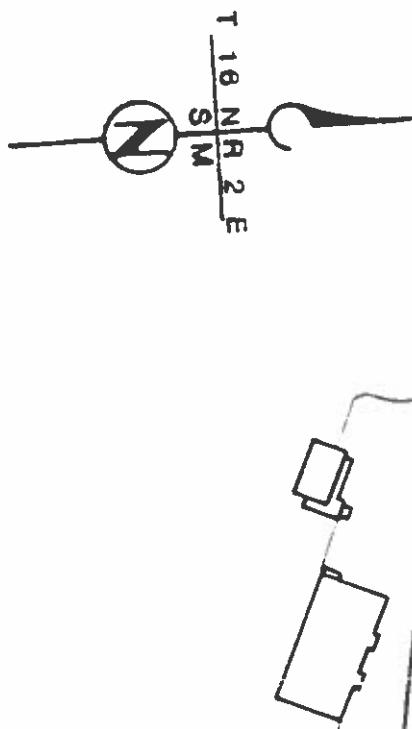
7 8
18 17

SITE VICINITY PLAN

SCALE: 1" 200'

18 17
18 20

T 18 N R 2 E
S M



R / W

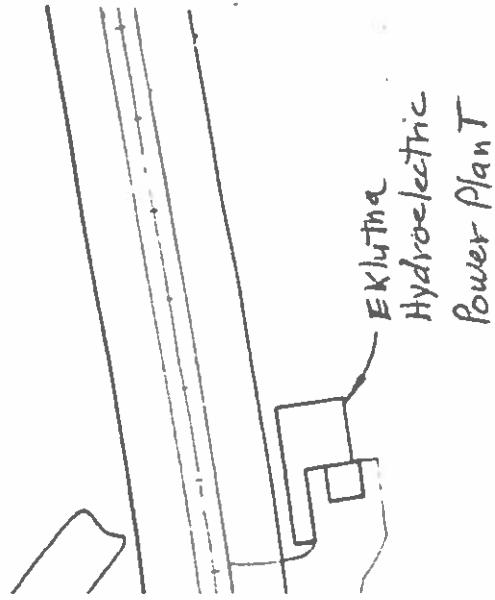
KNIK
RIVER

TAILRACE

3, 1, 2, 4, 5

E

Klutha Salmon Hatchery



Klutha
Hydroelectric
Power Plant

→ Jim

WALTER J. HICKEL, GOVERNOR

Sylvia

OFFICE OF THE GOVERNOR

OFFICE OF MANAGEMENT AND BUDGET DIVISION OF GOVERNMENTAL COORDINATION

SOUTHCENTRAL REGIONAL OFFICE

3601 "C" Street
SUITE 370
ANCHORAGE, ALASKA 99503-2798
PHONE: (907) 561-6131
FAX: (907) 561-6134

CENTRAL OFFICE

P.O. BOX AW
JUNEAU, ALASKA 99811-0165
PHONE: (907) 465-3562
FAX: (907) 465-3075

NORTHERN REGIONAL OFFICE

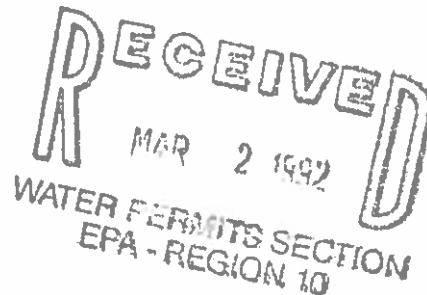
675 SEVENTH AVENUE
STATION H
FAIRBANKS, ALASKA 99701-4596
PHONE: (907) 451-2818
FAX: (907) 451-2814

February 25, 1992

Mr. Thomas Mears
Executive Director
Cook Inlet Aquaculture Association
HC2 Box 849
Soldotna, Alaska 99669

Dear Mr. Mears:

SUBJECT: Eklutna Hatchery



The Division of Governmental Coordination (DGC) has held your file in pending status since December 20, 1991, waiting to receive a Coastal Project Questionnaire. We received a copy of a letter from the Environmental Protection Agency to the Alaska Department of Environmental Conservation dated December 5, 1991, stated that the NPDES Permit (AK-003007-4) application was incomplete because there was not a Coastal Project Questionnaire nor Certification Statement included. Since considerable time has elapsed, we request that you contact us regarding the status of your project and whether your are still actively pursuing it. There may also be other permit applications needed from state agencies for our review to be completed.

We are currently updating our files due to space constraints. If we do not hear from you within 30 days of the date of this letter, we will withdraw your file from pending status. If you have questions regarding the Alaska Coastal Management Program project review procedures, please contact us so we may assist you.

We look forward to hearing from you.

Sincerely,

Faye E. Heitz
Faye E. Heitz
Project Review Coordinator

cc: ✓ Sylvia Kawabata, EPA
Svend Brandt-Erichsen, DEC



10

10

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Mail Stop 521

March 14, 1980

Mr. Thomas E. Mears
Cook Inlet Aquaculture Assoc.
P. O. Box 850
Soldotna, Alaska 99669

Re: NPDES Application No.: AK-003007-4 (Eklutna Salmon Hatchery)

Dear Mr. Mears:

We have received your application for a National Pollutant Discharge Elimination System (NPDES) discharge permit for the referenced facility.

As a result of the new regulations, effective August 13, 1980, the application processing fee is no longer required. Therefore, we are returning the check (#457) of \$10.

If you have any questions regarding this matter, please contact me at (206) 442-1270.

Sincerely,

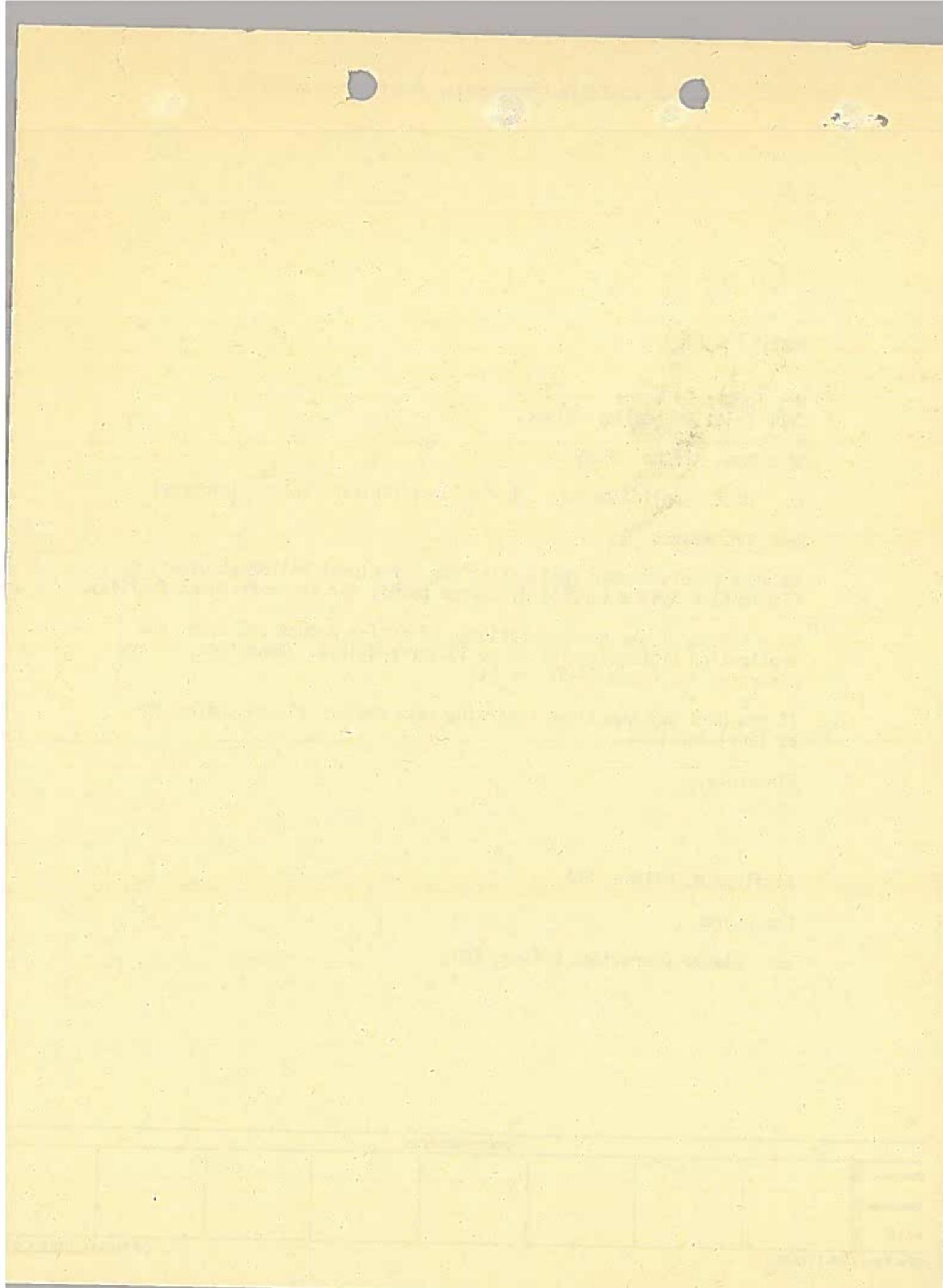
Kimalynn M. Wilson, EPA

Enclosure

cc: Alaska Operations Office, EPA

CONCURRENCES

SYMBOL									
SURNAME	.....	.....	.....	.....	.....	.....	.....	.....	.....
DATE	.....	.....	.....	.....	.....	.....	.....	.....	.....



I, Patty Jose hereby witness the enclosure check #157
for the amount of \$10⁰⁰.

3/14/80
Date

Patty Jose
Signature

CIAA PETTY CASH FUND
BOX 850 262-4441 EXT. 257
SOLDOTNA, ALASKA 99669

457

March 19, 1980 89-35
1252

PAY TO THE
ORDER OF Environmental Protection Agency \$10.00
Less and ~~no~~ ¹⁰⁰ DOLLARS

NATIONAL BANK
OF ALASKA SOLDOTNA

NPDES permit application

(b) (6)

Shirley Jackson
Flag Heimbach
AK-003007-1



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MAR 07 1980

PERMITS BRANCH
EPA - REGION 10

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

APPLICATION FOR PERMIT TO DISCHARGE

SHORT FORM B

Agriculture

FOR
AGENCY
USE

OMB No. 158-R0103
APPLICATION NO.

DATE RECEIVED
30307
YR. MO. DAY

new
400 80034
102C

AK-003007-4

CHECK RECD

#457 (\$10.00) 3/4/80

To be completed by confined animal production facilities, fish farms, hatcheries, and preserves, and irrigation activities meeting size or other criteria described herein. Please print or type.

I. GENERAL

1. Name and address of applicant

A. Legal name of applicant COOK INLET AQUACULTURE ASSOCIATION

B. Mailing address of applicant

(1) Street, route, or P.O. box No. P. O. BOX 850

(2) City or town SOLDOTNA

(3) County, parish, or borough KENAI PENINSULA BOROUGH

(4) State ALASKA (5) Zip code 99669

C. Telephone number 907 Area code 262-4441 ext. 257 Number

2. Applicant's authorized agent

A. Name Thomas E. Mears B. Title Biologist

C. Mailing address of agent

(1) Street, route, or P.O. box No. Box 850

(2) City or town Soldotna

(3) County, parish, or borough Kenai Peninsula Borough

(4) State Alaska (5) Zip code 99669

D. Telephone number 907 Area code 262-4441 ext. 257 Number

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Thomas E. Mears

Biologist

Printed name of person signing

Thomas E. Mears

Title

March 4, 1980

Date application signed

Signature of applicant

18 U.S.C. section 1001 provides that:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing same to contain false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both.

FOR
AGENCY
USE

APPLICATION NO.			
DATE RECEIVED			
YR. MO. DAY			

3. Name, ownership, and physical location of facility

A. Name of facility EKLUTNA SALMON HATCHERY

AK - 003007-4

B. Ownership (check one)

(1) Public

(2) Private

(3) Both public and private

C. Check box if this is a federally owned and/or operated facility (for example, Black Creek National Fish Hatchery)

D. Location (complete as applicable)

(1) Facility located where grid system is used

a. Township 16 N b. Range 2 E
c. Section 17 and 18 d. Quarter SW of 17, NE of 18
Borough Matanuska-Susitna, State Alaska
e. County Matanuska-Susitna

(2) Facility located where grid system is not used

a. City or town (as applicable) _____
b. County _____ c. State _____

FOR AGENCY USE			
CITY COUNTY			

4. Is this facility (check one) A. Existing?

B. Proposed?

5. Date facility was (or will be) constructed June / 80
Month/Year

6. Receiving water(s) (e.g., stream, river, lake) Eklutna Powerhouse Tailrace to Knik River
Name(s)

7. State water pollution control permits

A. Have you applied for a State water pollution control permit for this facility? (1) Yes (2) No

B. If a State water pollution control permit for this facility has been issued, give date of issue and permit number

(1) Date of issue / /
Month/Day/Year

(2) Permit number _____

8. Have you received, from any level of government, written notice of complaint pertaining to water pollution from this facility?

A. Yes B. No

9. Give directions to this facility from nearest town Fifteen Miles South of Palmer, Alaska

on Old Glenn Highway (mile 4)

FOR
AGENCY
USE

APPLICATION NO.			
			
DATE RECEIVED			
			

AK-003007-4

10. Attach a sketch, aerial photograph, or map of the existing or proposed facility and/or activity, with the following information marked (a Soil Conservation Service aerial photograph, or a U.S. Geological Survey Map, of the area involved is preferred).

- A. Approximate overall dimensions of the facility
 - B. Direction and location of surface drainage and other discharges from the facility
 - C. General location of waterways (e.g., streams, rivers, lakes) in the area
 - D. Location of area for manure disposal
 - E. Direction and location of diversion points for irrigation activities

11. Submission of this application is the result of (check as many as are applicable)

- A. Animal confinement facility
 - B. Fish farm, hatchery, or preserve
 - C. Irrigation return flow
 - D. Other (specify) _____

If 11A was checked, complete items in section II, "Animal Confinement and Feeding Facilities."

If 11B was checked, complete items in section III, "Fish Farms, Hatcheries, and Preserves."

If 11C was checked, complete items in section IV, "Irrigation Return Flows."

II. ANIMAL CONFINEMENT AND FEEDING FACILITIES

1. Largest number of animals held by confinement or feeding facilities at any one time in the previous 12 months. Give type and number of animals.

TYPE OF ANIMAL

NUMBER OF ANIMALS

NA

2. Approximate area used for animal confinement or feeding. _____ acres

3. Approximate land available for manure disposal. _____ acres

4. A. Animals in this facility are (check one)

(1) In open confinement

(2) Housed under roof

(3) Both open and under roof

B Percentage of animals housed under roof is %

C. If there is open confinement, has a run-off diversion been constructed to prevent surface run-off into the confinement area?

- D. If there are any housed animals at this facility, is there a liquid manure handling system used for manure management?

(1) Yes (2) No

If yes, is there a discharge to a waterway (e.g., stream, river, lake)?

(1) Yes (2) No (3) Yes (4) No

FOR
AGENCY
USE

APPLICATION NO.			
DATE RECEIVED			
YR. MO. DAY			

5. Do you anticipate expansion of this facility in the future?

A. Yes

B. No

If yes, complete the following statements.

C. Date of future expansion

Month/Year

AK-003007-4

D. TYPE OF ANIMALS

NUMBER OF ANIMALS

III. FISH AND AQUATIC ANIMAL PRODUCTION FACILITIES

1. A. The maximum weight on hand of all species combined occurs during the month of May.

B. List the type and average pounds of each species on hand during the month given in 1A

(1) SPECIES

(2) AVERAGE POUNDS
UNDER PRODUCTION

Chum Salmon

56000

Coho Salmon

72000

King Salmon

20464

2. Do you produce, cultivate, or hold any nonnative (not native to the United States) species of fish or other aquatic animals?

A. Yes

B. No

C. If yes, describe the procedures, such as disinfection or ultraviolet treatment, which you use to insure that parasites and pathogens do not escape into navigable waters.

3. Is there a discharge for more than any 30 days per year?

A. Yes

B. No

If yes, answer 4, 5, and 6.

4. Facility designed for continuous cleaning?

A. Yes

B. No

If no, state the averages to the following questions.

C. Facility cleaned 15 (est) times per

(1) day

(2) month (check one).

D. Time required is 16 (est)

hours per cleaning.

5. Discharge information.

PARAMETER AND (CODE)

DAILY AVERAGE
VALUE DURING NORMAL OPERATION

Flow (00056)

5,328,000 gallons per day

Total suspended solids (00530)

5.9^a milligrams per liter

Ammonia (00610)

.6^a milligrams per liter

BOD 5-day (00310)

6.7^a milligrams per liter

FOR
AGENCY
USE

APPLICATION NO.			
DATE RECEIVED			
YR. MO. DAY			

AK-003007-4

6. Average pounds of food fed per day is A. 890 pounds of B. Oregon Moist Pellets (type of food).**IV. IRRIGATION ACTIVITIES WITH POINT RETURN FLOWS**

1. A. Check here if discharge occurs all year. NA
- B. If discharge does not occur all year, check the month(s) discharge occurs.

(1) <input type="checkbox"/> January	(2) <input type="checkbox"/> February	(3) <input type="checkbox"/> March	(4) <input type="checkbox"/> April
(5) <input type="checkbox"/> May	(6) <input type="checkbox"/> June	(7) <input type="checkbox"/> July	(8) <input type="checkbox"/> August
(9) <input type="checkbox"/> September	(10) <input type="checkbox"/> October	(11) <input type="checkbox"/> November	(12) <input type="checkbox"/> December
2. Estimate the total number of acres under irrigation using
 - A. Surface method of irrigation _____ acres
 - B. Sprinkler method of irrigation _____ acres
 - C. Other methods of irrigation _____ acres
3. Estimate the total water
 - A. Diverted for irrigation by this activity _____ acre-feet/year
 - B. Discharged to surface waters (e.g., lakes, streams, rivers) from irrigation return flow _____ acre-feet/year
4. Estimate the number of separate points at which
 - A. Water is diverted for irrigation _____
 - B. Water is returned to surface waters _____

COMMENTS:



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

ANCHORAGE (B-6) QUADRANGLE
ALASKA

1:63,360 SERIES (TOPOGRAPHIC)
55° 15' N. LAT. 148° 30' W. LONG.

61° 15' N.
148° 30' W.

61° 15'

W.

N.

E.

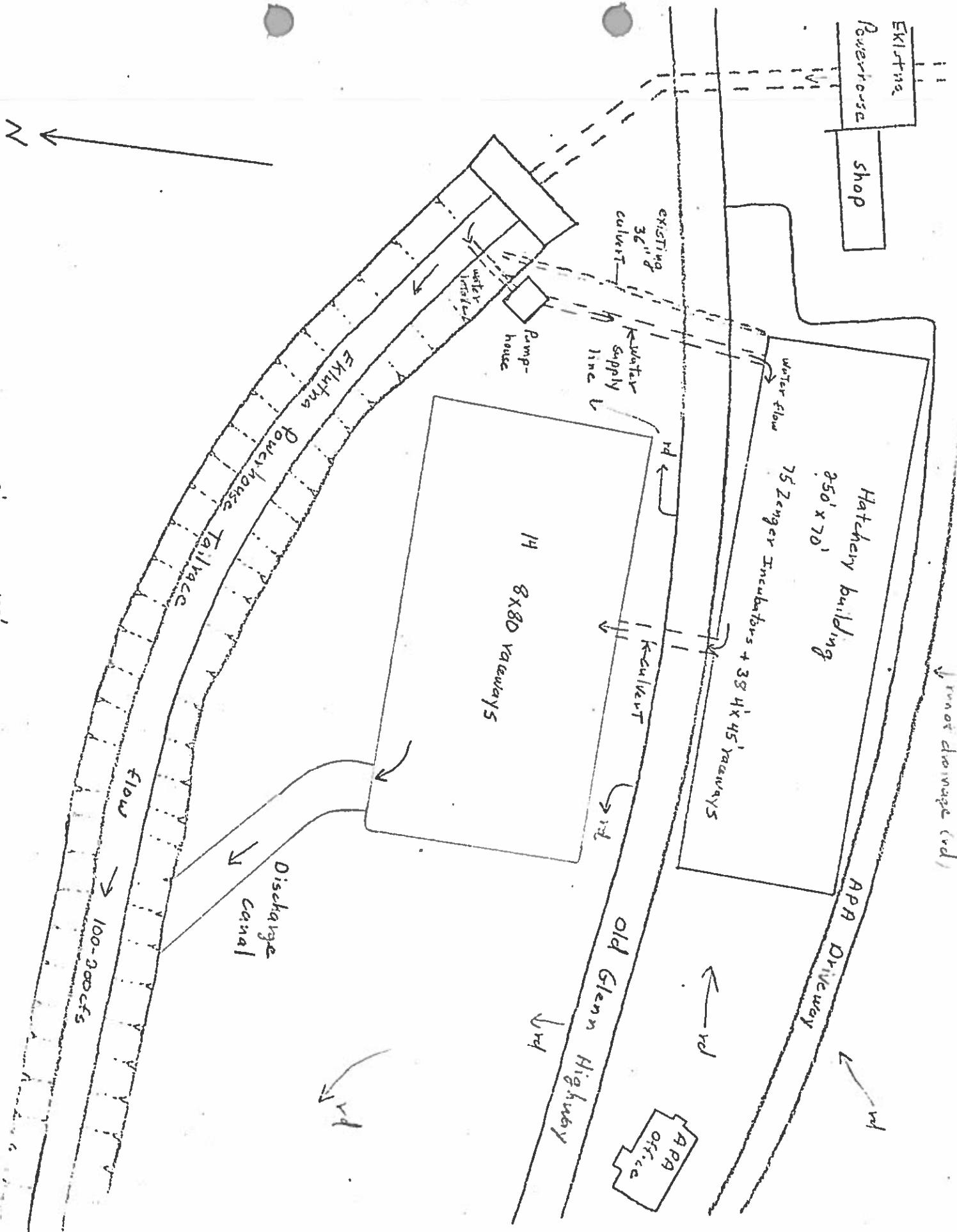
S.

W.

N.

E.</





AK-003007-4

0' 50'

Eklutna Salmon Hatchery

Knick R. Smiles

